

Approved Adolescent Screening Instruments for Mental Health Problem Domains in NYS OASAS Certified Programs

<u>Introduction</u>: OASAS requires that all patients admitted to Certified Programs be screened for cooccurring mental health disorders in specified domains.

The following pages provide tables with the names of and links to the recommended screening instruments for required and non-required mental health domains.

Refer to Guidance for the Use of Screening Instruments for Co-occurring Mental Health Conditions in NYS OASAS Certified Programs for more detailed information before utilizing the screening instruments

Section 1: Recommended Screens for Required Mental Health Domains

| Screening Instrument/(administered by) | Items | Administration | Link |
|--|-------|-----------------|------|
| *English Only | | time in minutes | |

| General Mental Health | | | |
|--|------------------|------|---|
| Pediatric Symptom Checklist 17 Youth (PSC-17-Y) (Self) | Seventeen | 5-10 | PEDIATRIC SYMPTOM CHECKLIST-17 (PSC-17) |
| Pediatric Symptom Checklist 17 Parent (PSC-17) (Parent/Guardian) | Seventeen | 5-10 | PEDIATRIC SYMPTOM CHECKLIST-17 (PSC-17) - Parent |
| Strengths and Difficulties Questionnaire (S17+) | Twenty- eight | 10 | SDQ |
| (Self) | | | SDQ Scoring |
| Patient/Client Safety | | | |
| Columbia-Suicide Severity Rating Scale (C-SSRS) ¹ (Clinician) | Six | < 5 | Screener with triage for Emergency Departments Columbia-Suicide Severity Rating Scale (C-SSRS) Toolkit |
| Ask Suicide-Screening Questions (asQ) ¹ (Clinician) | Four | < 5 | asQ |

¹ Either C-SSRS or asQ must be administered to all adolescents.



Section 1: Recommended Screens for Required Mental Health Domains

| Screening Instrument/(administered by) *English Only | Items | Administration time in minutes | Link |
|---|-------------|--------------------------------|--|
| Depression | | | |
| Patient Health Questionnaire 9: Modified for Teens | Nine | < 5 | PHQ-9: Modified for Teens |
| (Self) | | | |
| Patient Health Questionnaire 2: Modified for Teens | Two | < 5 | Patient Health Questionnaire 2: Modified for Teens is the first two questions of |
| (Self) | | | Patient Health Questionnaire 9: Modified for Teens |
| Center for Epidemiologic Studies Depression Scale for Children (CES-DC) | | 5-10 | Center for Epidemiological Studies Depression Scale for Children (CESDC) |
| (Self) | | | |
| Perinatal Depression | | | |
| Edinburgh Postnatal Depression Scale (EPDS) | Ten | 5 | Edinburgh Postnatal Depression Scale (EPDS) |
| (Self) | | | (EPDS) |
| Trauma/PTSD | | | |
| Child PTSD Symptom Scale (CPSS) | Twenty-five | 15 | The Child PTSD Symptom Scale (CPSS) |
| (Self)* | | | |
| Child and Adolescent Trauma Screen (CATS) Youth Report | Forty | 5-10 | Child and Adolescent Trauma Screen (CATS) - Youth Report |
| (Self)* | | | |
| Anxiety | | | |
| Generalized Anxiety Disorder 7 (GAD-7) | Seven | < 5 | GAD-7 Screening Questions |
| (Self)* | | | |



Section 1: Recommended Screens for Required Mental Health Domains

| Screening Instrument/(administered by) *English Only | Items | Administration time in minutes | Link |
|--|-----------|--------------------------------|---|
| Generalized Anxiety Disorder 2 (GAD-2) | Two | < 5 | GAD-2 is the first two questions of GAD-7 |
| (Self)* Screen for Child Anxiety Related Disorders (SCARED) (Self) | Forty-one | 15 | Screen for Child Anxiety Related Disorders (SCARED) Child Version |



Section 2: Additional Screenings for <u>Non-Required Mental Health Domains</u>

| | 1. | | |
|---|--------------|-----------------|---|
| Screening Instrument/(administered by) | Items | Administration | Link |
| *English Only | | time in minutes | |
| | | | |
| Attention Deficit Hyperactivity Disorder | | | |
| Adult ADHD Self-Report Screening Scale for DSM 5 (ASRS-5) | Six | < 5 | Adult ADHD Self-Report Screening Scale for DSM 5 (ASRS-5) |
| (AGNG-3) | | | 101 D3W 3 (A3K3-3) |
| (Self) | | | |
| , | | | |
| Bipolar Disorder | | | |
| Composite International Diagnostic Interview based | Twelve | 5-10 | CIDI-based Bipolar Disorder screening |
| Bipolar Disorder Screening Scale (CIDI) | | | <u>scale</u> |
| | | | |
| (Clinician) | | | |
| Altman Self Rating Mania Scale | Five | < 5 | Altman Self Rating Mania Scale |
| (ASRM) | | | (ASRM) |
| (Self) | | | |
| Eating Disorders | | | |
| | 1 | T .= T | |
| Eating Disorders Examination Questionnaire | Twenty-eight | 15 | EATING QUESTIONNAIRE |
| (EDD-Q) | | | |
| (Self) | | | |
| | Turanti tura | 10 | EATING CODEEN |
| Eating Disorders Diagnostic Scale (EDDS) | Twenty-two | 10 | EATING SCREEN |
| (Self) | | | Scoring: |
| (ocn) | | | See last two pages of article for scoring |
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